THE HAMPDEN HIPPOCRAT

The Hampden District Medical Society Newsletter

FALL 2003 VOLUME 10

President's Message:

Heather Z. Sankey, M.D., President 2003-2004

If you're reading this, you're probably a member of Hampden District Medical Society. The question I asked myself when I became President was "Why? Why do physicians join their district society? What do we get out of it?"

Of course, there are the benefits through MMS like the New England Journal of Medicine, free internet access, and many other benefits, too numerous to name here.

But there's something else, even more important, and that's connectivity. On the one hand, we connect to other physicians through HDMS, and on the other; we connect to our community as a group.

As individual physicians, we take care of our patients. We are often on staff at a hospital, or two or three. We may be in a group of physicians, or work in a solo practice. We are members of a specialty or even a sub-specialty. But where can we go besides our local medical society to network with our colleagues in other specialties, other hospitals, and other groups? Physicians have unique stressors and atypical life-styles. Getting together with peers who understand these stressors is something that our senior physicians recognize as valuable, and even necessary, but younger physicians haven't discovered. I challenge all of you to see the benefits.

We are also part of our community: we join religious institutions, or not, we may coach soccer, lead a girl scout troop, or run in a marathon to raise money for breast cancer research. And as individuals we can have an impact in many ways. But as a group we can accomplish so much more. Look at what happens when the Alliance organizes us to donate items to a woman's shelter (see page 4): Suzanne has brought down carloads of much-needed goods, and they can always use more. We can affect legislation to improve access to health care (such as the Patient Bill of Rights). We can partner with teens to show them what it's like to be a physician. Surveys show that patients have a high opinion of their own physician, but don't think much of us as a group. We can change that by working together.

We decided to try something different this year at our Fall Meeting. We held a family event, at the Springfield Science Museum and Planetarium with Story Musgrave. We're going to try this every year for a few years: invite kids, and partner with someplace in Hampden County. We're aiming for the Basketball Hall of Fame next year...

Our Winter Meeting will have the AMA president-elect, and will focus on violence. I invite you to come to one of our meetings and get to know us: your peers and colleagues.

Dr. Sankey, presenting Dr. Dennis Gordan with a Presidential Chair in appreciation from the members for his year of presidency.

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Constance Fedora
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Letters to the editor should be approximately 250 words or less, preferably typed in Word, and Email to hampden@massmed.org, fax to **(413) 731-8990**. Please provide the full name and address of the writer. All letters are subject to editing.
Or, **mail** them to:

The Hampden Hippocrat
1111 Elm Street, Suite 22,
West Springfield, MA 01089

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The "Hampden Hippocrat Newsletter" is the news organ of the Hampden District Medical Society and would like to become the forum for sharing information and opinions amongst the members, for whom it is being created. Any article printed expresses the opinion of the Author and should not be construed to imply endorsement by the Society Members.

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HDMS Sponsored Activities

HDMS Winter District Meeting
Tuesday, January 27, 2004, 6:30 p.m.
Best Western Sovereign Hotel, West Springfield
VIOLENCE and FEAR in MODERN SOCIETY
John C. Nelson, M.D., AMA, President-Elect
Grand Rounds
John C. Nelson, M.D., AMA, President-Elect
Wednesday, January 28, 2004
Baystate Medical Center, 8:00 A.M. - 8:45 A.M.
Mercy Medical Center 9:30 A.M. - 10:15 A.M.
Kiwanis Club Luncheon
John C. Nelson, M.D., AMA, President-Elect
Wednesday, January 28, 2004, 12:00 Noon
Best Western Sovereign Hotel, West Springfield

HOUSE OF DELEGATES MEETINGS
November 7, 2003 House of Delegates Convenes
November 7, 2003 Reference Committee Hearings
November 8, 2003 House of Delegates Meetings
Framingham Sheraton Hotel
May 13 & 14, 2004, 2004 Annual Meeting
Seaport Hotel & World Trade Center, Boston

Annual National Advocacy Conference
March 29 - 31, 2004
Mayflower Hotel, Washington, D.C.

Medico-Legal Forum
Tuesday, March 16, 2004
High School Doctor for a Day
Thursday, April 8, 2004
HDMS Annual Meeting
Tuesday, April 27, 2004

MEDICINE and FAMILY BALANCE
Legislative Breakfast
Friday, April 30, 2004

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Cheryl Tierney, Baystate Medical Center

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Robert Comer, Pediatrics
Simon Li, Pediatrics
Ugo Ogwudu, Surgery
Cedric Strong, Internal Medicine
Heike Varnholt, Pathology
Beth Warner, Internal Medicine

****

It's Time for Massachusetts to Pass Legislation for Bulk Purchasing of Prescription Drugs!

The Massachusetts Rx Fair Pricing Act will save the state over $100 million a year by directing the state to buy prescription drugs in bulk for Mass Health, Prescription Advantage, state employees and other state agencies. It also calls for the creation of a nonprofit pharmacy benefits manager and negotiated discounts for Medicaid. A Conference Committee set up by the Massachusetts House and Senate is working to pass legislation out of the committee now that will include much of the Fair Pricing Act.

WE NEED ACTION NOW!
CALL SPEAKER FINNERAN TODAY
617-722-2500

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"Physicians & Their Families Make a Difference."
Just give away what you already have.....

The Hampden District Medical Society and Alliance, The Massachusetts Medical Society Alliance, the Massachusetts Medical Society and Massachusetts Medical Society & Alliance Charitable Foundation invite and ask you to participate in **"Physicians & Their Families Make a Difference."** Here is how you can make a difference in the lives of some of the most vulnerable people in your community the families in your local domestic violence shelters. Survivors of domestic violence, mostly women and children, often have to flee their homes at a moment's notice. Many are not able to bring with them some of the basic comforts we take for granted... Be creative with your donations. What about those personal products you have collected while traveling?

* Comb, brush, shampoo, conditioner
* Deodorant, toothbrush, toothpaste
* Socks & underwear for adults and children
* Children's books and magazines
* Disposable diapers
* Baby food and formula
* Feminine products
* Small luxuries (nail polish, lip gloss, powders, etc.)

Please do it now while you are reading this. Please bring your products to our office at 1111 Elm Street, Suite 22, West Springfield. If you need the items picked up, please contact (413) 736-0661 and we will arrange to pick them up. Together we can make a difference, thank you for your generosity. You are helping our community.

HOME is the place where, when you have to go there, they have to take you in.

Robert Frost

Human Spirit and Generosity Never Ceases to Amaze!

Recently, a phone call requesting help for our local domestic violence shelters stimulated a rapid and plentiful response. Aware that many domestic violence shelters stimulated a rapid and plentiful response. Aware that many domestic violence victims flee their homes at a moment's notice without packing a bag, our home and office families anonymously donated personal products. They abundantly responded!

The baskets left for collection brimmed with soaps, hair, feminine and dental care products. Magazines and small luxuries were included. Children's clothing, books and games were noted. Donors just dropped off their products, with a wave and a smile. Donations were creative and meaningful. What a wonderful world we enjoy; to be surrounded by such giving people! Physicians, their families and their staffs joyously responded to the call.

Thank you to everyone who was willing to make a difference. You were creative in thinking about what domestic violence victims need for personal care and amusement in such circumstance. You have helped your local communities since all donations are going to regional shelters. Your heartfelt action is most appreciated.

Gratefully,
Helen Gallivan

Helen Gallivan, Alliance member and Dr. Gregory Gallivan at Fall District Meeting.

Students Make a Difference

Teacher Dequindre Duncan with students Susan Carpluk, Kibbs Fortilus, Justin Chinn, Bridgette Kilpatrick, Aurea Nieves, April Guzman, Shakeena Thompson, Tsamar Soto and Natulia Carvalho

While visiting Mercy Medical Center, Dequindre Duncan and Susan Carpluk, 7th grade teachers at John F. Kennedy Middle School in Springfield, noticed the "Physicians & Their Families Make a Difference" poster. Upon explaining to the students that the local shelters have lost their state funding and needed help the students asked if they could donate to this worthy cause. Subsequently, the teachers called the Society's office and offered their help. The teachers and the students are commended for being so thoughtful by donating to the less fortunate.

Joint Committee on Health Care An Act for a Caring Commonwealth

Dennis S. Gordan, M.D.

In support of proposed legislation by State Senator Richard T. Moore, Chairman of the Joint Committee on Health Care, to "develop with the health care system a strategic planning capacity" for Massachusetts, the Hampden District and Massachusetts Medical Societies, among other interested parties, presented testimony at a hearing at Springfield Technical Community College on October 3. 2003. Senator Moore presided. Immediate past president of HDMS, Dennis S. Gordan, M.D., explained organized medicine's position on the legislation, specifically the four goals below were.

"Massachusetts — A Caring Community: The Health Care Policy of Massachusetts," a publication from the Joint Committee, provides the background, rationale, and goals of the legislation, as well as the text of the pending law, Senate Docket 2180. Dr. Gordian presented prepared comments on goals 7 through 10 —

7. Focus on strengthening supporting caregivers, i.e., improving the physician practice environment.
8. Focus on the Vital Role of Health Care in the Massachusetts Economy.
9. Focus on Aging with Dignity.
10. Focus on Compassionate End of Life.

Other speakers addressed these and the other goals: patient-centered care; prevention and care management; health care for all; strengthening the public health system; preparedness for health emergencies; and resource stability.

The hearing was covered by local television.

IRAQ, NUCLEAR WEAPONS AND PRE-EMPTIVE WAR

The District's annual meeting was held on May 6, 2003 at the Carriage House at the Barney Estate in Springfield. Dr. Gordan welcomed the guests and asked for a moment of silence for all of the members who were deceased during the year. A brief Auditors report was read and a vote was taken to accept the 2003-2004 Nomination slate. Dr. Gordan gave his annual message reflecting on the many programs and awards presented over the past year. Drs. Howard Turner and Edmond Walence, two of the four 50-Year members attending, were presented engraved mantle clocks for this milestone. Dr. Jean Talati was selected to receive the 2003, MMS and District Community Clinician of the Year award. This Award recognizes a member of the district who stands out as a leader, an advocate, a caregiver and who has made significant contributions to patients and the community. Dr. Oded Rancus a long time colleague and friend presented the Award to Dr. Talati. Dr. H. Douglas Barnshaw was presented with an engraved silver plate for being selected the 2003, Senior Volunteer Physician of the Year. The Award is given to a Hampden District physician who has shown exemplary service to the community. Dr. Barnshaw is a dedicated physician and has been volunteering for a number of decades. Before handing over the Presidential gavel to Dr. Heather Sankey, incoming president, Dr. Gordan surprised the guests by giving a wonderful performance with a song from the Opera, The Marriage of Figaro. Dr. Gordan was given a standing ovation and then was presented with a laser engraved HDMS black solid maple, hardwood captain's Presidential Chair in appreciation from the members. The guest speaker for the evening was Dr. Ira Helfand. Dr. Helfand is the co-founder of Physicians for Social Responsibility and the International Physicians for the Prevention of Nuclear War, North American where he has held the position of VP and is currently the Secretary. His publications include Radiation and Health: Nuclear Weapons and Nuclear Power, In Critical Condition:

Human Health and the Environment, MIT Press 1993, Nuclear Terrorism, British Medical Journal 2002 and Projected US Casualties and Destruction of US Medical Services from Attacks by Russian Nuclear Forces, Medicine and Global Survival 2002. Dr. Helfand is also the co-author of Accidental Nuclear - A Post - War Assessment that was published in the New England Journal of Medicine in 1998. Dr. Helfand is an emergency medical physician at Cooley Dickinson Hospital and currently serves as President of the Medical Staff. His presentation for the evening was *"Iraq, Nuclear Weapons and Pre-Emptive War,"* where he discussed the medical effects of nuclear and other weapons of mass destruction and explained the difference between nuclear and other weapons of mass destruction and the strategies to reduce the danger of exposure to these weapons.

MAY 6, 2003 ANNUAL MEETING

Dr. Dennis Gordan presenting Dr. Ira Helfand, Keynote Speaker with a HDMS jacket

Dr. Jean Talati accepting her Community Clinician of the Year Award from Dr. Oded Rancus

Riverbend Medical Group colleagues of Dr. Jean Talati

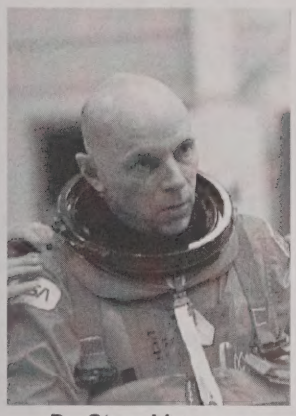
Dr. Douglas Barnshaw accepting the Senior Volunteer Physician of the Year Award from Dr. Heather Sankey

Dr. Howard Turner 50-Year Member and Dr. Dennis Gordan

Dr. Edmond Walence 50-Year Member and Dr. Dennis Gordan

Dr. Claudia Koppelman, Suzanne Skibinski and Dr. Heather Sankey

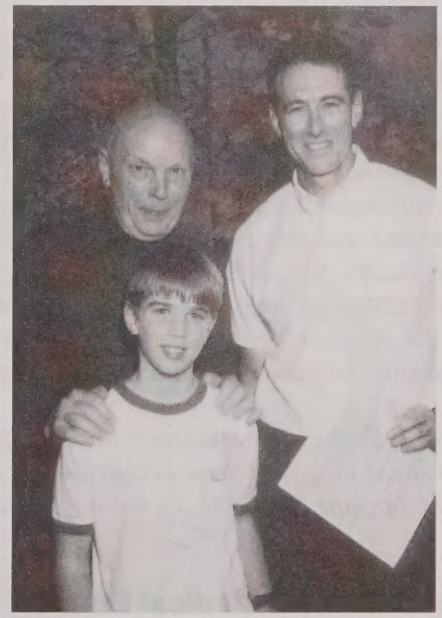
HDMS, 1st Annual Family Event
September 23, 2003
MIND, MATTER & MEDICINE
Presented by Story Musgrave, M.D.
Trauma Surgeon, Astronaut



Dr. Story Musgrave

The district's first annual family event was held on September 23, 2003 at the Springfield Museums at the Quadrangle in Springfield. The children of members attended the Oceans in Space program at the Seymour Planetarium at the Science Museum and the Physician's CME program presented by guest speaker Dr. Story Musgrave was held in Davis Auditorium at the Museum of Fine Arts. In the early 1960's, NASA began looking for scientists to join the astronaut corps. For Dr. Story Musgrave, Trauma Surgeon, it was an "epiphany" - an incredibly fitting opportunity to use his many qualifications as an electrician, mathematician, computer programmer, mechanic, pilot and surgeon. In 1967 Dr. Musgrave was one of just 11people selected from around 4000 applicants. For Dr. Musgrave, it was about a long - term commitment to space. It was to be 16 years before he flew his first space mission. During his six space flights, Dr. Musgrave recorded 1,281 hours 59 minutes, 22 seconds in space, in addition to around 25 million miles in orbit. Throughout his career with NASA, Dr. Musgrave enriched his experiences with his ongoing studies and by capturing the essence of space flight through a variety of mediums including photography, poetry and personal experiments. On each space flight, Dr. Musgrave carried a little black book with typically over one hundred creative things to do in space. During the years from 1967 through to 1989, Dr. Musgrave continued to work as a part-time trauma surgeon at the Denver General Hospital. Dr. Musgrave retired from NASA in 1997. The Hubbell repair mission was one of the most detailed missions ever prepared for. The crew trained meticulously for what Dr. Musgrave often refers to as "the ballet" - the choreographing of every single movement, the position of over 300 tools, and learning the dynamics of Hubbell's components moving in zero gravity. It was about the perfection of each individual task and focusing on the moment to achieve a successful result. During it all, Dr. Musgrave did not forget to look around him, to appreciate the earth view, and to take in the universal perspective from 370 miles above the earth's surface. Dr. Story took the members and guests on a ride that they will never forget. He shared with them the many unique experiences Internationally and as Dr. Gregory Gallivan who attended the presentation said, "It was a deeply spiritual experience, a portrait of an out of state experience that gave me a greater understanding of God, I was deeply touched and moved."

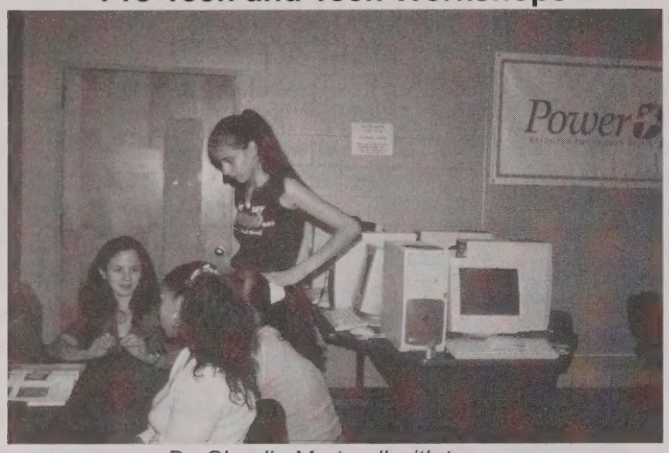
Dr. Story Musgrave, Guest Speaker and Dr. John Papale



Dr. Story Musgrave, Dr. Glen Markenson and son Martin

Dr. Musgrave and Connie Fedora, Administrative Assistant, with her husband Bob and son Michael

Pre-Teen and Teen Workshops



Dr. Claudia Martorell with teens
Twins Nicole Moya and Natasha Moya, Jessica Diaz and Shantay Shepard

The Public Health Committee is sponsoring free workshops at the Springfield Boys and Girls Club. The first work shop was presented on October 14, 2003 by Dr. Claudia Martorell, an infectious disease physician and Chair of the Public Health Committee. The topic was on STD prevention. Each workshop will be on the prevention of health issues that affect pre-teens and teens. The target audience is the under served/minority adolescents and young adults. Subsequent topics will be presented on hand washing, ETOH/smoking/drug, violence prevention, pregnancy and other health matters. Dr. Martorell completed an infectious disease fellowship at Baystate Medical Center in June and was only one of five applicants accepted in to the Public Health Master's program at Harvard Medical School. A busy mother of three daughters and wife of Dr. Robert Salva-Otero, Dr. Martorell commutes to Boston everyday and still finds the time to volunteer and conduct the prevention workshops.

The Committee is looking for volunteers to share their time and knowledge to speak on any of these health issues. If interested, please contact Suzanne Skibinski, Executive Director at (413) 736-0661.

Nineteenth Annual Medical Ethics Seminar HIPAA: Ethical Dilemmas in Providing Patient Care

Attorney Kogut

Medical Religious Committee members Dr. Karen Ferroni, Chair and Rev. Martin Montonye also a panel member.

Nineteenth Annual Medical Ethics Seminar participants

Panel member Dr. Philip Gaziano with Dr. Jeff Kaufman

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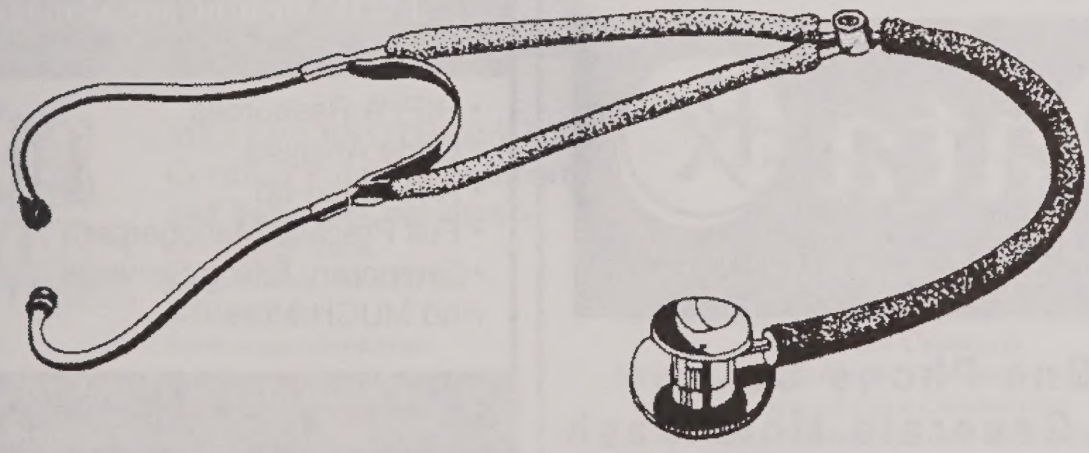

Contact: Suzanne Skibinski

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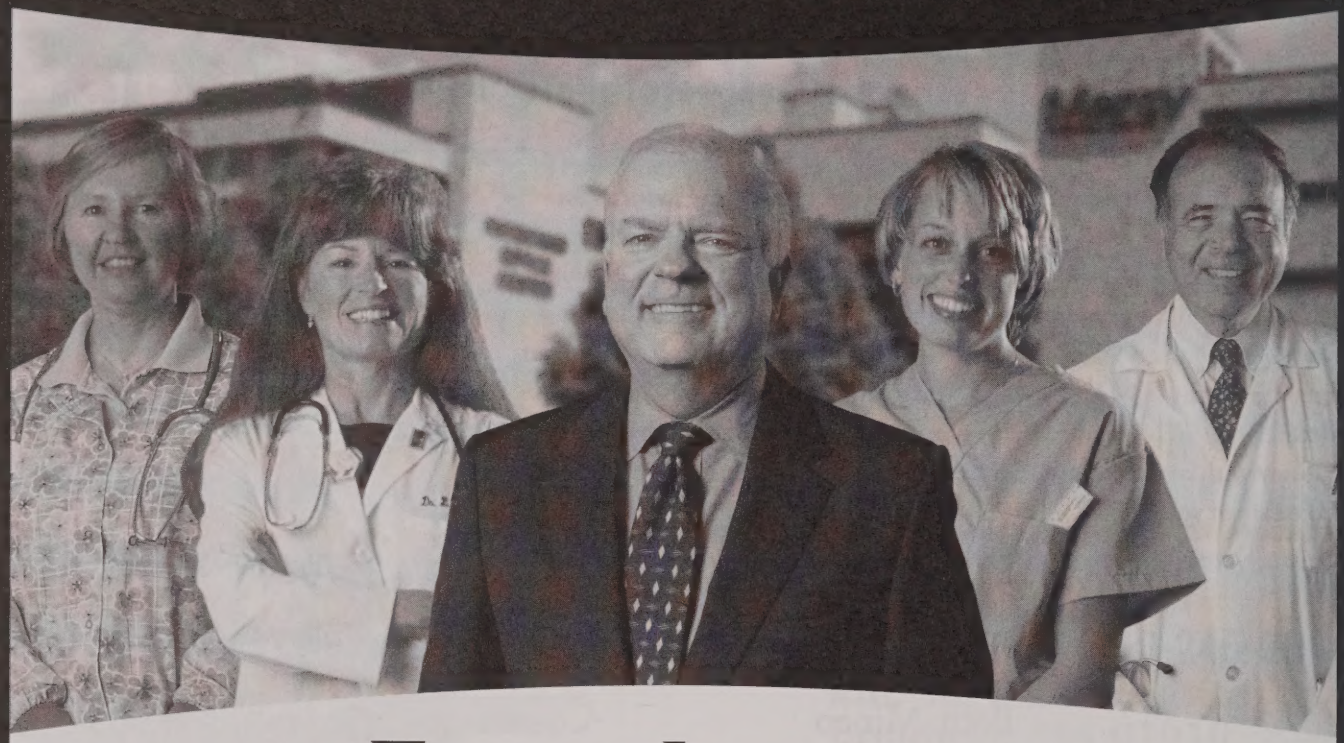

Every Journey Begins with a Vision

When we established the Sr. Caritas Cancer Center eight years ago, our vision was to provide the most advanced treatment and the most compassionate care available—to every cancer patient who needed us. Since then, demand for our services has increased significantly. Our vision hasn't changed—but the needs of the community have.

So we're building on what we do best with an $8.6 million, 13,100-square-foot expansion of the Sr. Caritas Cancer Center at Mercy Medical Center. Upon completion in July 2004, the Center will offer even more area cancer patients up-to-the-minute medical technology with the same exceptional compassion and caring that is standard at Mercy Medical Center. Plus, we will be adding new resources that are designed to meet the psychological, spiritual, educational and nutritional needs of patients, family members and caregivers.

Every journey begins with a vision. Ours won't end until there's a cure for every cancer patient.

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Are you managing patients with chronic conditions or special needs?

Telemedicine may be something to consider.

Spectrum Home Health Care is a leading provider of home health care services and telemedicine technology for patients with chronic and post-acute conditions. Telemedicine allows for daily home monitoring of critical health data and the ability to detect problems that could result in significant exacerbations.

The data Heart rate, blood pressure, oxygen saturation, temperature and weight, and a PT/INR system. Glucose monitoring, spirometry and EKG can also be provided.

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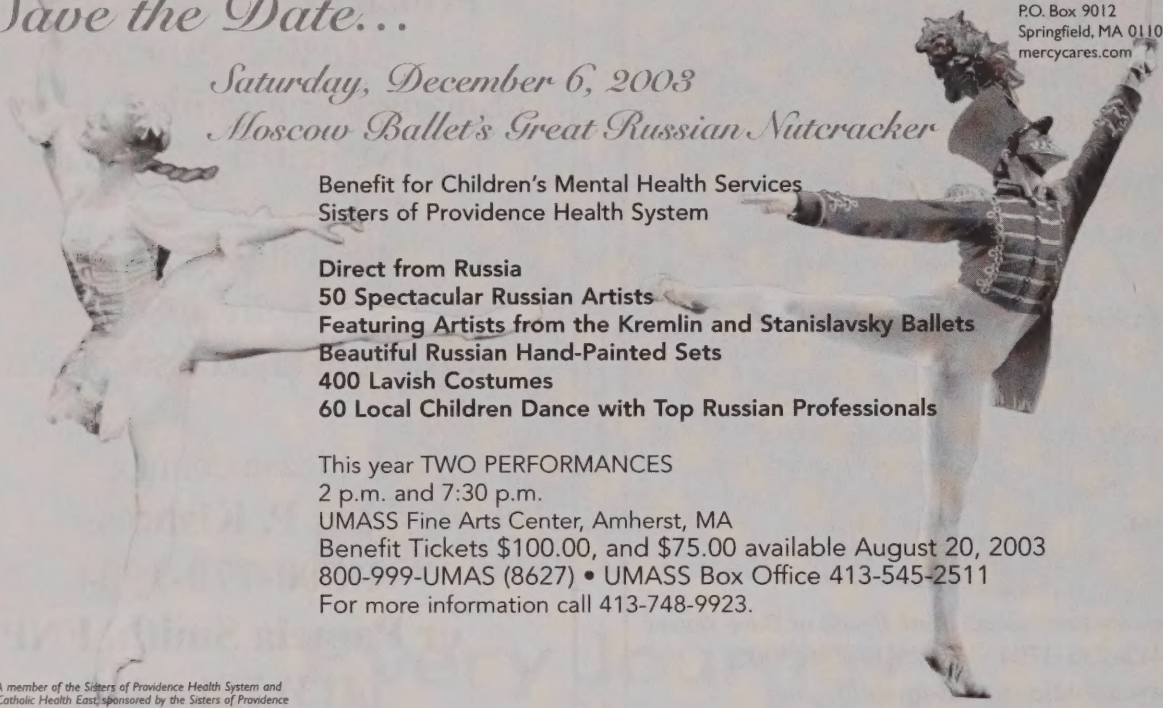

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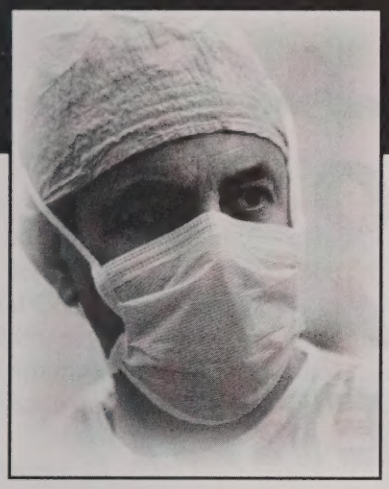

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SAVE THE DATE!!!

Join your colleagues, State Officials, MMS Officers, and members of your New England AMA Delegation for the HDMS:

January 27, 2004 Winter Meeting

Best Western Sovereign Hotel & Conference Center
Route 5 West Springfield

Violence and Fear in Modern Society

Presented By: John C. Nelson, M.D.
AMA President Elect

All physician members are encouraged to bring a non-member physician to the winter meeting as guests of the District.

REFLECTIONS ON LIFE AFTER HIPPA

Privacy and confidentiality have always been the cornerstone of the patient-physician relationship in Massachusetts and other states across the nation. Ever since the Massachusetts Supreme Judicial Court decided the case of Alberts v. Devine, 395 Mass. 59 (1985), physicians, and their patients, have been keenly aware of the principles which govern that sacred relationship between a physician and his or her patient.

On October 23, 2003 the Medical Religious Committee of the Hampden District Medical Society held its 19th Annual Medical Ethics Seminar at Mercy Medical Center in Springfield, MA. I had the privilege and opportunity, with distinguished members of the District's medical and religious community, to embark on an evening-long dialogue entitled HIPAA: Ethical Dilemmas in Providing Patient Care. Joined by Beth Drummond, R.N., M.S., Philip F. Gaziano. M.D., Rev. Martin Montonye, Elizabeth T. Sullivan S.S.J. and Moderator Theodore Brown, Esq. of Egan Flanagan and Cohen, the practical implications, frustrations and ultimate ramifications upon patients were discussed with a large gathering at the Deliso Conference Center. While many questions and issues were raised, one question remained clear by evening's end: Is HIPAA really enhancing the privacy protections as Congress intended in 1996 or is it eroding the sacred relationship between physician and patient? Long before Congress passed the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), Massachusetts, through the Alberts decision, recognized a legally protected and compensable right to the protection of confidential information learned by a physician during the course of a bona fide treating relationship between physician and patient. In the context of last month's Seminar, the irony of the Alberts decision is that William E. Alberts, a minister of the United Methodist Church in Boston, brought suit against Donald T. Devine, his treating psychiatrist, and two of Alberts' clerical superiors for disclosing certain confidential information gained during the treating relationship. That was the law in Massachusetts and remains so today. So the question which Seminar panel members grappled with was: What exactly does HIPAA protect and how is that information protected? Drawing from medical, clinical and religious community leaders, the HIPAA Seminar brought to light both concern and confusion in the medical and religious communities on how this new federal privacy law is to be implemented. Clergy, especially, had several questions about access to hospital patient information and whether or not, at times, a clergy is indeed part of the treatment team or regimen of a patient giving rise to undefined access to the patient clinical chart as part of the spiritual "treatment" decision-making process. The new Privacy Rule is less intimidating than originally thought by practitioners generally. This federally mandated Rule, for the first time, created national standards to protect individuals' medical records and other personal health information, along with:

1. Giving patients more control over their health information;
2. Setting boundaries on the use and release of health records;
3. Establishing safeguards that health care providers must achieve to protect the privacy of health information; and
4. Holding violators accountable with civil and criminal penalties, which may be imposed for violations of privacy rights.

Thus, Congress mandated this national standard in light of technological mobility of health information, which the Privacy Rule seeks to protect as this information moves across and through hospitals, doctors' offices, insurers and third-party payers, and state lines. Under the former patchwork of federal and sate laws, protected health information (PHI) could be disseminated, without notice or authorization, for reasons that had little to do with a patient's treatment or health care. For instance, prior to April 14, 2003 when the Rule took effect, patient information held by a health plan could be passed on to a lender who may then deny the patient's application for a mortgage or credit card, or to an employer who used it for personnel decisions. All that changed on April 14, 2003 when physicians and other "covered entities" became required to inform their patients about their privacy rights and how and when the information will be used. Thus, practitioners and large-scale providers must now have clearly defined privacy procedures for the organization, train employees to understand the new privacy procedures, designate a privacy officer to be responsible for ensuring that the privacy procedures are adopted and implemented and secure patient records that contain PHI so that such information is not readily available to those who do not need it.

The Privacy Rule covers all treatment, payment and health care operations (TPO) relating to health plans, health care clearinghouses and those health care providers who conduct certain financial and administrative transactions by electronic means. These electronic transactions are those for which standards are required to be adopted under HIPAA. Examples of such transactions include electronic billing and funds transfers. These organizations are bound by the new Rule standards, even if they contract with others to perform some of those essential services. So how is life unfolding after HIPAA? Reactions to date, including those espoused at the Seminar, vary. Hospitals and other large health care providers have long developed policies and procedures dealing with the implementation of these rules. Smaller and medium-sized physician practices struggle with costs for the resources necessary to implement new systems, polices and procedures to effectuate the changes. Clergy and other ministry-related professionals continue to dialogue and assess with their parishioners and clinical staff with the hope of providing consistent and seamless care and treatment to those in need of medical treatment and spiritual counseling.

Michael T. Kogut, Esq
Murtha Cullina LLP
Boston-Hartford

HIPPA COMPLAINT FORM

The AMA is offering physicians the opportunity to register their complaints about health plans and other entities not complying with the Health Insurance Portability and Accountability Act (HIPAA rules and regulations. The Form (HIPAACF) is designed to collect information from physicians on health plans and other entities' non-compliance with the provisions of the HIPAA Transaction and Code Set Standards. The Health Plan Complaint Form may be downloaded at www.ama-assn.org/ama/pub/catogory/6760.html

HIGH SCHOOL DOCTOR FOR A DAY PROGRAM

Did you have a mentor in your life? Did someone encourage you to go in to medicine? This year, the Hampden District Medical Society and the Massachusetts Medical Society once again are sponsoring the High School Doctor for a Day program. We will have another opportunity to share our expertise with young people who have expressed interest in the field of medicine and witness the practice of medicine and to observe the successful physicians who will be their mentors. The High School Doctor for a Day Program is an educational opportunity designed to provide a mentoring experience, for serious junior and senior high school students who are science oriented, during their critical decision-making years. The program is designed to assist young people, especially those who have expressed an interest in medicine, to have an inside look into the complex health-care environment.

2003 Physician Mentor
Doctor Kevin P. Moriarty
Pediatric Surgical Services, Inc

I think that the Hampden District Medical Society embracing High School Doctor for a Day Program is an excellent idea. With the current crisis we are having in the medical care industry in the new millennium, anything we can do to recruit young individuals in to this excellent profession is worth while. Two surgeons out of our group of four participated in this program (Dr. Stanley Konefal was the other participant from our group). The student was Ada Begilman, who was a senior in high school from West Springfield. She is very interested in pursuing a career in medicine and thinks that she wants to be a surgeon. She has a 4.0 average and will be attending the University of Massachusetts in Amherst to pursue her dreams in medicine. Her day was very full and included observing two operations on children in the operating room at Baystate Medical Center, making rounds in the hospital and coming to the office to see patients post operatively in follow-up as well as seeing patients pre-operatively that will be scheduled for surgery. During her day at Baystate Medical Center she was able to interact closely with a third-year medical student rotating on pediatric surgery from Tufts University School of Medicine and learn about his perspective as well as a second-year surgical resident from Saint Elizabeth's Hospital rotating on pediatric surgery. During her morning at Baystate Medical Center's Children's Hospital she was able to see how taking care of a child is team work-involving pediatric nurses, pediatric O.R. technicians, scrub nurses, and the anesthesia team as well as the recovery room nurses. There were no objections made by the patients and their families nor the medical staff for having Ada observe in their care. Ada seemed quite happy with her experience and stated it definitely reinforced her decision to choose medicine for a career. Even though at Baystate Medical Center I am involved in teaching the surgical residents as well as the pediatric and medical pediatric residents and medical students, it was enjoyable to have a young, intelligent high school student who is naïve to the healthcare system asking questions. I would definitely participate in this activity in the future.

Sincerely,
Kevin P. Moriarty, M.D.

Dr. Kevin Moriarty and student Ada Begilman

If you are interested in mentoring a high school student on April 8, 2004, please fill out the form below and mail to:

Hampden District Medical Society
1111 Elm Street, Suite 22
West Springfield, MA 01089
Or Fax: 413-731-8990
Or email: Hampden@massmed.org

High School Doctor for a Day Program
Thursday, April 8, 2004

NAME:_____

ADDRESS:_____

PHONE:_____

HOME PHONE:_____

EMAIL:_____

FAX:_____

SPECIALTY:_____

Obituaries

Paul T. Moore, M.D.
1912 - 2003

Dr. Paul T. Moore passed away on July 10, 2003. He was a graduate of Harvard Medical School and served in the navy for 21 years before opening a practice in Internal Medicine in Springfield. Before retiring Dr. Moore was medical director at Massachusetts Mutual Life Insurance Company. He served as chairman of the board of directors of the Massachusetts Heart Association. In 1977 Dr. Moore was presented the prestigious American Medical Association Physicians' Recognition Award. Dr. Moore was an active member of the society serving as treasurer and was a delegate to the Massachusetts Medical Society.

Gary S. Reiter, M.D.
1955 - 2003

Dr. Garry S. Reiter, medical director at Holyoke Hospital passed away on July 15, 2003. Dr. Reiter graduated from the University of California Davis Medical School. He began caring for patients with AIDS as a medical student in 1981, at the very start of the epidemic. After moving to Western Massachusetts he continued to care for patients with AIDS and HIV infection. Dr. Retier was assistant professor of medicine at the University of Mass Medical School, assistant professor of medicine at Tufts Medical School, medical director of The River Valley HIV Clinic and associate director of Hospice LifeCare in Holyoke. Dr. Reiter leaves his wife Zita Lazzarini of Northampton and three sons.

Aloysius A. Bloniarz, M.D.
1920 - 2003

Dr. Aloysius A. Bloniarz passed away on October 21, 2003. He was a graduate of Tufts Medical School and served on the staff at Mercy, Wesson Memorial, Holyoke Solder's Home and the Springfield Municipal Hospital where he served as a trustee for 20 years. He was director and past president for the MA Heart Association for the Western Mass Association. He was also founding member of the Valley Medical and Pulmonary Associates in Springfield. The District and the State Medical Society honored Dr. Bloniarz in 2000 for being a 50-year member. Donations may be made in his memory to the Mercy Medical Center Library, 300 Carew Street, Springfield, MA or to the Jimmy Fund, 1771 Park Ave., West Springfield, MA 01089.

The Physician's Guide to Assessing and Counseling Older Drivers

A team of Massachusetts physicians and healthcare professionals selected by the American Medical Association participated in a project that will assess public health issues related to older drivers. The AMA created the Older Drivers Project in January 2002. The four member team, which was sponsored by the Massachusetts Medical Society attended a two-day workshop in Chicago and will begin conducting local workshops to train other state physicians about how to identify, assess and manage at-risk drivers. The Physician's Guide to Assessing and Counseling Older Drivers is now available on the AMA Website (www.amaassn.org/go/olderdrives) At this time you can download the PDF files and print them out or order a free copy from the Website. Included in the Patient and Caregiver Educational Material is a checklist form "Am I A Safe Driver?"

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The Scholarship Committee of the Hampden District Medical Society has voted to award the sum of $1,000.00 to the following medical student:
Kevin Curran- Senior
Georgetown University Medical School

****

Dr. Max & Ida L. Millman Foundation Scholarship Program Recipients:
Kevin Curran- Senior
Georgetown University Medical School
Jennifer Ann Pelli - Sophmore
Jefferson Medical College

****

Contributions to the Hampden District Medical Society Scholarship Fund would be most welcome...Through your generosity; HDMS will be able to continue helping medical students. Any amount you give will be greatly appreciated.
Please make donations out to:
HDMS Scholarship Fund
Mail to:
Hampden District Medical Society
1111 Elm Street, Suite 22
West Springfield, MA 01089-1540

The Society wishes to thank Dr. Carl Janovsky for his generous donation

Telemedicine
A New Standard of Healthcare Delivery

Every evening at 5 PM, a client of Spectrum Home Health Care/ A JGS Home Care Company receives this greeting, "Good evening. It is now time to take your vital signs." Then, "Please step on the scale." After weighing herself, she is then prompted to place the blood pressure cuff on her arm and put her finger in the pulse monitor. She then answers two questions specifically designed for her. When she finishes, her husband presses "send" and her vital signs are transmitted, via telephone, to the central monitoring station. Meanwhile, at Spectrum, a nurse downloads data several times a day from patients now on home monitoring. If any numbers are out of the acceptable ranges, for example if a patient has an elevated blood pressure, Spectrum calls the patient to discuss what is happening and as necessary, schedules a visit and contacts the patient's physician by fax or telephone. Since Spectrum established this telemedicine program last year, dozens of hospitalizations have been avoided, as well as countless anxious trips to the emergency room, thereby allowing home health care patients to enjoy a higher and less intrusive quality of life. The availability of home monitoring to these patients has made them more comfortable and secure in their own homes.

Who benefits most from telemedicine?

Telemedicine, or remote monitoring, has been in use on cardiac intensive units since the 80s. In fact, according to Alan Rosenfeld, Ph.D. President and CEO of Spectrum's parent company Jewish Geriatric Services, Boston University Medical Center established a telemedicine connection with Brockton Hospital to remotely monitor cardiac patients in Brockton in the mid-1980s. The program allowed a community hospital to benefit from the expertise of the cardiac intensive care specialists at BU Medical Center. Today, telemedicine is out of the hospital and in the home. Patients with congestive heart failure, high blood and chronic obstructive pulmonary disease are among the primary candidates for participation in the program. In fact, several types of patients are often recommended for home monitoring. For example, patients with recent hospitalizations or emergency room visits for existing chronic conditions, or with any condition that requires frequent monitoring or trending of vital signs to facilitate management. Other patients often placed on home monitoring include those with a history of poor compliance with diet, medications or self-monitoring. New developments to the technology also allow for interfaces with multiple peripheral devices. Peripherals include a glucose meter for management of diabetes, a spirometer to measure lung function or a PT/INR system to measure blood-clotting time for those on coumadin therapy.

Results

Physicians referring patients to the Spectrum program state it has been a remarkable success. In one case, a patient was hospitalized 13 times in one year but since he has been on the telemedicine program, has been hospitalized only once.

Their physician shares the security that the patients feel on home monitoring. Close monitoring can help a physician manipulate the patient's medications and take other measures immediately - allowing for dealing with an issue on a momentary basis instead of days later.

A Common Scenario

A patient with congestive heart failure may go off her diet in a restaurant or might forget to take medication. In just one day, this could result in a weight gain of four pounds. She may begin to feel very tired, but think it's temporary or linked to something else. She doesn't call her physician that day because she already has an appointment scheduled for the following week. The next day she feels a little worse and so on. Eventually, she may end up in crisis and in the emergency room. The monitoring acts as an early warning system. If this same patient were on home monitoring, when her vital signs are transmitted to Spectrum Home Health HealCare, the weight gain will trigger a call to the patient. If the weight gain is easily explainable, counseling may simply be all that is needed to get the patient back on track. If not, Spectrum clinical staff will assess whether or not the patient needs to see her doctor or go to the emergency room immediately. Telemedicine is like an "ounce of prevention" in a computer that's the size of an alarm clock.

A cost-benefit analysis

Spectrum Home Health Care currently has the capability of placing 25 patients on home monitoring. The agency partners with HomMed, a telemonitoring provider, to lease the units. HomMed also supplies the private digital wireless network and software necessary to run the program. HomMed's monitoring system was originally developed when the grandfather of company president Herschel Peddicord died of congestive heart failure on a day when his home care nurse was not scheduled to visit. If you ask Alan Rosenfeld if it's worth the expense, he says, "The answer is it pays for itself. Telemedicine improves quality of life for the patient by allowing them to stay at home and maintain a measure of independence. It helps to keep people out of institutions. There is a tremendous long-term benefit to the patient." The company is sold on the program by virtue of what has observed over the past year. "Our patients' quality of life has improved," notes Diane Mintz, Executive Vice President for Spectrum. "When people participate in their care, compliance improves. People take their medications and they're more careful in following their physician's instructions." In addition, frequent contact with the patient provides more teaching opportunities relative to weight gain, diet modification, proper medication management and other issues related to their care. Patients are better able to perceive a direct connection between taking their blood pressure pill and keeping their pressure regulated daily, or how taking their diuretic as prescribed keeps fluid from building up and causing weight gain. Clients on the system are clearly partners in their care and heavily invested in it, actually keeping their own daily logs of vital signs. If a blood pressure measurement is not within the range it should be, they know they'll receive a call to check up on the client and determine what the problem might be or if he or she should see a doctor. The quality of care is enhanced by monitoring seven days a week instead of the typical home visit schedule, which might be just once or twice a week until the benefit runs out. Looking at the program from the perspective of Spectrum Home Health Care, telemedicine allows the agency to be more flexible with scheduling, allowing the nurses to see more patients than they could have before. Instead of a visit to check vital signs,

the nurses can see patients who need more acute care, secure in the knowledge that the vital signs of the more stable patients are being monitored daily.

How JGS got hooked up

Spectrum Home Health Care began discussing telemedicine about two years ago. As of the date of this publication, there are two other home health care agencies in western Massachusetts using home monitoring on their patients. The program is funded in several ways, including from a grant from the Massachusetts Division of Health Care Finance and Policy. Going forward, once the Massachusetts state grant ends, JGS will continue use of the system by raising funds from donors to keep it in operation. As Alan Rosenfeld says, "There is no downside to telemedicine. Often when the weather is bad, elderly patients miss doctor's appointments. With this system, no appointment is ever missed. The physician receives vital information regularly and anything abnormal is caught right away. Once the patient does see his or her physician, the appointment can be that much more beneficial and the time spent more productively." Additionally, the technology is easy to operate. Prompts are given and easy to follow. Even a patient who is visually impaired can use the devise with some adaptations, and the system is programmed in five languages. Clients in general think of it as a member of the family now. They also report that the technology is easy to use and if they happen to do something incorrectly, the machine tells them with a voice prompt or they get a call from Spectrum Home Health Care. They take comfort in knowing someone is watching over them. For more information about telemedicine, contact:

Diane Mintz, RN, BSN
Executive Vice President
Spectrum Home Health Care /A JGS Home Care Company
(413) 567-4600

Please consult with your primary care physician to determine if it is right for you.

HDMS 2004 Senior Volunteer Physician of the Year!

This honor is given to a physician who demonstrates a commitment to volunteerism and a dedication to sharing experience and medical expertise with his/her community. The chosen recipient will be honored at the January 27, 2004 Winter Meeting. If you would like to nominate a Senior Volunteer Physician for this award, please submit nominations with a brief letter of explanation to:

Suzanne Skibinski, Executive Director
Hampden District Medical Society
1111 Elm Street, Suite 22
West Springfield, MA 01089
Fax: (413) 731-8990
Email: hampden@massmed.org

SAVE THE DATE!!!

Join your colleagues, State Officials, MMS Officers, and members of your New England AMA Delegation for the HDMS:

January 27, 2004 Winter Meeting

Best Western Sovereign Hotel & Conference Center
Route 5 West Springfield

Violence and Fear in Modern Society

Presented By: John C. Nelson, M.D.
AMA President Elect

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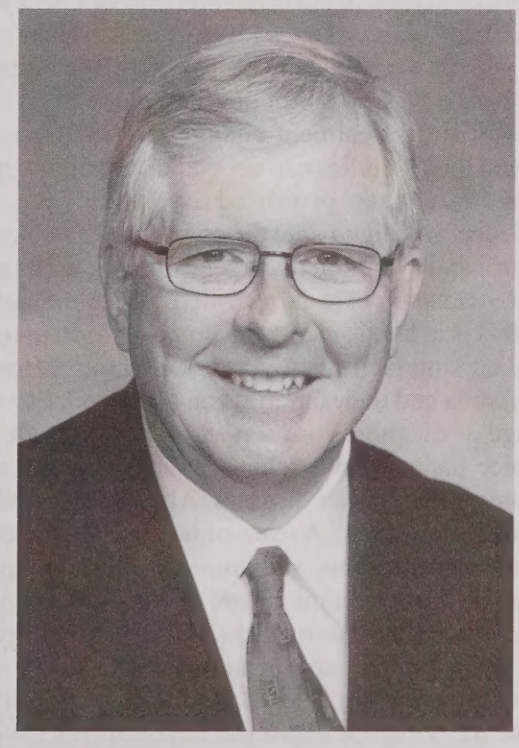

Dr. John C. Nelson, President-Elect of the AMA is a obstetrician-gynecologist and a recognized and influential leader in Utah public health activities. He came to the AMA board with a long history of service to organized medicine. He is a former president of the Utah Medical Association and Salt Lake County Medical Society. His nation service began in 1981 when he was elected to the AMA House of Delegates. He is a former deputy director of the Utah Department of Health and has served

on governor task forces on child abuse and neglect and teenage pregnancy prevention. He is a current member of the Committee on Health Issues for the Utah Domestic Violence Advisory Committee and the Utah Health Advisory Council. For his role in reforming state school health curriculum, the Utah State Office of Education presented him the Light of Learning Award. Dr. Nelson is a former board member of the Salt Lake City Boys and Girls Club and a passionate, tireless local spokesperson on issues such as family violence, alcohol and substance abuse, teen pregnancy prevention, health system reform and clinical quality improvement. Dr. Nelson and his wife, Linda reside in Salt Lake City.

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Hospice
An Excellent Resource
For End of Life Care

The Hospice service offered by Baystate Visiting Nurse Association and Hospice is a comprehensive program that cares for the terminally ill. Under the direction of Carol Rodrigues, RN, MS, CHPN, it served over 1500 patients in Hampden county last year with an average daily census of 180 patients. Hospice care is for patients who are in the final phase of living. When the focus of their treatment changes from cure to comfort, patients and their families can depend on the highly skilled and compassionate care provided by Hospice. Comfort, independence, and dignity are the cornerstones of Hospice care. Pain control and symptom management is the focus of Hospice treatment. Hospice care is provided where the patient lives whether that is at home, in a group home, or in an assisted living or skilled nursing facility. Age is not a factor in Hospice care, even newborns and their families can be helped. Patients with a wide range of diagnoses are served by hospice. Only 51% of the Hospice patients have a cancer diagnosis; the other 49% range from motor neuron diseases, Alzheimer's, and pediatric congenital birth defects. A team of hospice caregivers, nurses, social workers, chaplains, and home health provides aides the care of each hospice patient and family aides. Volunteers perform a variety of non-medical services for the patient and family. They provide companionship and assist with meal preparation, shopping, errands, and transportation to appointments. Hospice eligibility requirements have changed over the years. A patient does not have to be homebound or a DNR to receive services. When the normal progress of disease suggests a life expectancy is six months or less, a patient is eligible. However, when a patient outlives the prognosis, there is no automatic discharge. If in the physician's judgment, the patient will not be alive within one year, and if the patient is no longer receiving aggressive therapy, in most cases this patient would be eligible for Hospice services under Medicare, Medicaid, and private insurance guidelines. Being discharged from hospice does not prevent a patient from re-accessing the hospice benefit at a later date. There is no set limit to the number of times a patient can be admitted to hospice. Hospice services patients in many settings. Services provided are paid through the hospice benefit which includes: medications related to the terminal diagnosis, medical equipment, oxygen, lab work as needed for symptom management, and physical, occupational and speech therapies to provide a better quality of life. Families receive support in caring for the patient and bereavement support for 13 months following the death. Hospice provides quality pain and symptom management in collaboration with the patient's primary physician to achieve exceptional end of life care for patients and families. Baystate VNAH offers a free consultation to any patient that a physician feels may be ready for hospice services and also will consult on any symptom or pain management issue a physician may have on a non-hospice patient.

Common indicators for Hospice eligibility for the non-cancer diagnoses are:

End Stage Cardiac Disease: symptoms of CHF, diuretic and/or vasodilator therapy, and ejection fraction <21%, ventricular arrhythmia, history of cardiac arrest of MI, angina at rest.

End-stage Pulmonary Disease: clinical evidence of severe lung disease, dyspnea or hypoxemia at rest, cor pulmonale, weight loss, resting tachycardia, pO2 <55 on oxygen.

Stroke: post stroke dementia, cannot perform ADL's without assistance, ability to speak is limited or intelligible, weight loss of 10%.

End Stage Renal Disease: creatinine clearance <10cc/mm, serum creatinine > 8.0 (lower for diabetics), not seeking dialysis or transplant.

End-State Liver Disease: ascites, hepatorenal syndrome or hepatic encephalopathy, progressive malnutrition and muscle wasting active alcoholism, hepatitis B positive, prothrombin time > 5 seconds over control or serum albumin < 2.5.

End-state Dementia: lack of meaningful communication, unable to ambulate independently, cannot perform ADL's without assistance, incontinent, aspiration pneumonia, urinary tract infections, sepsis, multiple decubitus ulcers or fever, or weight loss of 10%.

Debility unspecified is a catch all for multi-system failure. Symptoms include weight loss of over 10%, functional decline, skin integrity issues, recurrent infections or multiple hospitalizations in past year.

Prices and Availability of Pharmaceuticals: Evidence from Nine Countries

The U.S. market structure, with its higher prices for on-patent products and strong generic competition, appears more favorable to innovation than markets elsewhere.

By Patricia M. Danzon and Michael F. Furukawa

ABSTRACT

This study compares average price levels for pharmaceuticals in eight countries-Canada, Chile, France, Germany, Italy, Japan, Mexico, and the United Kingdom-relative to the United States. Our most comprehensive indexes, adjusted for U.S. manufacturer discounts, show Japan's prices to be higher than U.S. prices, and other countries' prices ranging from 6 percent to 33 percent lower than U.S prices. The decline of the Canadian dollar and rise of the U.K. pound contribute to the finding of lower Canadian prices and higher U.K. prices in 1999 than in 1992. Our findings suggest that U.S. foreign price differentials are roughly in line with income and smaller for drugs than for other medical services.

Above article appeared in Health Affairs and may be accessed at: http://healthaffairs.org/webExclusives/Danzon_web_Excl_102903.htm

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PIAM and Its Partners Launch CredentialPlus, A Web-Based Credentialing Application and Verification System for Physicians and HCOs

(Waltham, MA, October 27, 2003) - PIAM, a subsidiary of the Massachusetts Medical Society, has entered into a partnership with the national credentialing division of Newport Beach, Calif.-based The TriZetto(r) Group Inc., and the San Diego, Calif.-based WIN/Staff, a leader in credentialing application technology solutions. The partnership will create a new service, called CredentialPlus, to streamline and simplify the credentialing process for Massachusetts healthcare.

CredentialPlus is a fully integrated Web-based application and verification service for physicians, hospitals, health plans, and healthcare organizations. It is the first credentialing system of its kind in the state.

Health plans and hospitals require that physicians continually update their professional information, or "credentials." The process, mostly paper-driven until now, is a time-consuming administrative burden on the healthcare system.

CredentialPlus combines sophisticated technologies to create an easy-to-use application and verification system. The network's design and security is fully NCQA, JCAHO, URAC, and HIPAA compliant. Approximately 18,000 Massachusetts physician credentialing records have been uploaded to the system and most physicians will find their credentialing information in the system and ready to use.

Mr. Jack King, vice-president of Business Development for PIAM commented, "Physicians and healthcare organizations must find ways to reduce costs associated with the administration of healthcare. CredentialPlus is a comprehensive solution that will focus on patient care and eliminate the paper chase currently associated with paper-based credentialing application forms. Physicians need every effective tool available to reduce costs. We are excited to be a part of this new electronic revolution in healthcare."

PIAM was established in 1993 by the Massachusetts Medical Society to address the special insurance, financial and administrative needs of physicians and healthcare organizations.. MMS was founded in 1781 and is the oldest continuously operating medical society in the country with over 18,000 members. The Society also owns and publishes the New England Journal of Medicine. For more information, visit http://www.piam.com or http://www.credentialplus.com.

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The Hampden District Medical Budget The 2004-2005 budget will be voted on at the January 27, 2004 District Meeting.

For your information, the proposed budget is as follows:

Administration	65,000
Accountant	2,000
Committees	1,500
District Meetings	12,500
Donations	500
Equipment and Maintenance	2,000
Honorarium	3,000
Insurance	1,000
Legal	500
Miscellaneous	3,000
Printing & Supplies	6,000
Postage	4,500
Rent	10,440
Telephone	2,500
Travel & Meetings	5,000
Total	$119,440

In Accordance with financial projections for 2004-2005, the Executive Board recommended the above budget. A vote to accept the Budget will be taken at the January 27, 2004 Winter District Meeting.

Calling for nominations for:

2004 Hampden District Medical Society Award for "Community Clinician of the Year"

This annual award is sponsored by the MMS and HDMS and recognizes a physician who has made significant contributions to patients and the community. Candidates must be members of the HDMS to qualify. The recipient chosen by their district colleagues to receive the Award for Community Clinician of the Year will be presented their Award at our Annual District Spring Meeting. In addition the award recipient will also be recognized at the Annual MMS Meeting held in May.
Please submit your nominations by January 31, 2004.

Submit nominations along with supporting letters to:

Suzanne Skibinski, Executive Director
Hampden District Medical Society
1111 Elm Street, Suite 22
West Springfield, Massachusetts 01089-1540

The Hampden Hippocrat Newsletter
Hampden District Medical Society
1111 Elm Street, Suite 22
West Springfield, Ma 01089-1540

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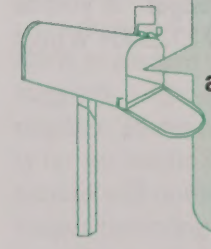

Please contact us with address changes at: 413-736-0661.